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* indicates required field

State* : DataYear* :

(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each state in which it provides Lifeline service).

SACs

SAC* : ETC Name:

Holding Company Name: DBA, Marketing or Other Branding Name(s)* :

Remove	SAC	ETC Name	Holding Company Name	DBA, Marketing or Other Branding Name(s)
<input type="checkbox"/>	310691	DEERFIELD FARMERS TEL. CO.	D & P Communications, Inc.	Deerfield Farmers Tel Co.

Affiliated ETCs(include names and SACs)

Affiliated ETC Names

SAC* :

Remove	SAC	SAC Name
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* indicates required field

Section 1: All ETCs (Initial the certification that applies to your ETC. Depending on the state, both certifications may apply).

I certify that the company listed above has certification procedures in place to review income and program-based eligibility documentation prior to enrolling a customer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above.

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

Initial * :

List of SACs

☒ Select All☒ 310691

And/Or

I certify that the company listed above confirms consumer eligibility by relying on

Telecommunications Association of Michigan, SNAP, SSI, LIHEAP, SECTION 8, TANF, National School Lunch/Free Lunch Program prior to enrolling a customer in the Lifeline program. . (Please list the program eligibility data sources, such as ETC access to a state database and/or notice of eligibility from the state Lifeline administrator and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify consumer eligibility).

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

Initial * :

List of SACs

☒ Select All☒ 310691

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* Indicates required field

Section 2: All ETCs (Initial the certification that applies to your ETC, and if applicable, complete columns A through L the tables below. Attach additional sheets if necessary).

I certify that the company listed above has procedures in place to re-certify the continued eligibility of all of its Lifeline customers, and that, to the best of my knowledge, the company obtained signed certifications from all consumers attesting to their continuing eligibility for Lifeline, except those subscribers whose eligibility was verified by the company through the use of other sources of eligibility information as well as those subscribers who were re-certified by the state Lifeline administrator. Results are provided in the chart below. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above.

Initial * :

Remove	SAC	A. Number of Subscribers Claimed on May FCC Form(s) 497	B. Number of Lines Claimed on May FCC Form(s) 497 Provided to Wireline Resellers	C. Number of Subscribers ETC Contacted Directly to Recertify Eligibility Through Attestation	D. Number of Subscribers Responding To ETC Contact	E. Number of Non-Responding Subscribers (C-D)	F. Number of Subscribers Responding That They Are No Longer Eligible	G. Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a result of non-response or ineligibility (E+F)	H. Number of Subscribers Who De-Enrolled Prior to Recertification Attempt	Add/Update
<input type="checkbox"/>	310691	18	0	23	20	3	0	3	0	<input type="button" value="Add/Update"/>
	<input type="text" value="310691"/>	<input type="text" value="18"/>	<input type="text" value="0"/>	<input type="text" value="23"/>	<input type="text" value="20"/>	<input type="text" value="3"/>	<input type="text" value="0"/>	<input type="text" value="3"/>	<input type="text" value="0"/>	<input type="button" value="Add/Update"/>
<input type="button" value="Remove Selected"/>										

Remove	SAC	I. Number of Subscribers Whose Eligibility Was Reviewed By State Administrator or By ETC Access To Eligibility Data	J. Number of Subscribers Whose Eligibility Was Examined by State Administrator or By ETC Access to Eligibility Data and Found to be Ineligible	K. Number of Customers De-enrolled or Scheduled to be De-Enrolled as a Result of a Finding of Ineligibility (Column I)	L. Number of Subscribers Who De-Enrolled Prior to Recertification Attempt	Add/Update
<input type="checkbox"/>	310691	23	3	3	0	<input type="button" value="Add/Update"/>
	<input type="text" value="310691"/>	<input type="text" value="23"/>	<input type="text" value="3"/>	<input type="text" value="3"/>	<input type="text" value="0"/>	<input type="button" value="Add/Update"/>
<input type="button" value="Remove Selected"/>						

OR

I certify that my company did not claim federal Low Income support for any Lifeline customers prior to June

(insert current year). I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above.

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

Initial * :

List of SACs

☐ Select All

☐ 310691



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<p>* indicates required field</p> <p>Section 3: All ETCs (Initial the Certification below).</p> <p>I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above.</p> <p>Initial * : <input type="text" value="DL"/></p> <p><input type="button" value="Reset"/> <input type="button" value="Save"/> <input type="button" value="Exit to 555 Search"/></p>					



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<p>* indicates required field</p>					
Signature of Officer:		By logging into my account and clicking the Certify button below, I am electronically signing this form.		Name of Officer *: <input type="text" value="David LaRocca"/>	
Title of Officer *: <input type="text" value="President"/>		Date: <input type="text" value="01/21/2013"/>			
Person Completing this Certification Form *: <input type="text" value="Teresa Holeman"/>		Contact Phone Number *: <input type="text" value="734-279-5511"/>			
<input type="button" value="Reset"/>		<input type="button" value="Certify"/>		<input type="button" value="Exit to 555 Search"/>	